MULTIPLE DEPENDENT CLAIM FEE CALCANATION SHEET (FOR USE (H FORM PTO-875) SERIAL NO. APPLICANT(S, APPLICANT

		(FOR US	E (15 11	FURMI	PTO-875))	, APPLIC	ANT(S,	,					
						. (LAIMS							
	ASE	AS FILED		AFTER		TER				4 75	CDD			
				I AMENDMENT .		NDMENT		AS F	AS FILED		AFTER 1"AMENDMENT.		AFTER 1 MAMENDMEN	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.		
2	 						51				Dat.	IIID.	DE	
3			······			 	52			• '				
4		Z					53 54		 	<u>.</u>				
6	 	-					55	- 	 		•		_	
7	·	/					56							
8							57	<u> </u>						
9							. <u>58</u> 59							
10 11	·						60			<u> </u>			_	
12	 		<u></u>				61					· -		
13							62		·					
14							63 64							
15	ļ						65							
16 17	 						66							
18	 						67							
19					·		68							
20 21	 						70	1						
21 22							71							
23							72 73							
24							74							
25 26	<u> </u>						75							
20 27 ·							76							
28							77 78	1						
29							79	1						
30 31							80			7 - 1		7-3		
32							81 82							
33							83	 						
34 35							84							
36							85							
37							86 87							
38							88	 						
39. 10							89							
11.							90							
12			 ,				91 92					·		
13							93	1						
14 15		<u>-</u> -			· .		94						-	
16	 			— - -			95							
17							96 97	 						
18							98	 						
19			-				99							
50		 -		 - -			100							
AL IND.		4		4		4	TOTAL IND.		1		1		I	
L DEP.	6	4		4		4	TOTAL DEP		<u>.</u>		<u>.</u>		₩ ₩	
TAL	ay				T E		TOTAL			1				
ALMS	/ !						CLAIMS		72.7					